



Quality of Care and Outcomes Assessment

COMPOSITE PERFORMANCE MEASURES FOR DISCHARGE MEDICATION PRESCRIBING FOR PATIENTS UNDERGOING PCI OR ICD IMPLANT PROCEDURES IN THE NATIONAL CARDIOVASCULAR DATA REGISTRY

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Background: The NCDR® ICD Registry™ and CathPCI Registry® have identified important gaps in appropriate discharge medication prescribing for patients undergoing ICD and PCI procedures. The American College of Cardiology Foundation recently submitted medication-prescribing measures from these registries to the National Quality Forum (NQF) for consideration for endorsement as national consensus standards, including “all-or-none” composite evidence-based medication prescribing measures.

Methods: A composite measure for ICD patients was developed by combining measures of ACE/ARB and beta blocker prescribing for eligible patients without a documented contraindication. Patients were considered to be eligible for ACE/ARBs if they had LVEF <40%. Patients were considered to be eligible for beta blockers if they had LVEF <40% or had a previous MI. Patients were excluded from eligibility if they were deceased. A composite measure for PCI patients was developed by combining measures of aspirin, P2Y12 inhibitor, and statin prescribing for eligible PCI patients (all PCI patients for aspirin and statins, stenting patients only for P2Y12 inhibitors) without a documented contraindication. Patients were also excluded if they were deceased or were discharged against medical advice or transferred to another acute care facility.

Results: The ICD composite measure was tested using data from the ICD Registry from 2009, including 1,475 facilities and 518,695 patients. Median performance was 73% (5th percentile 40%, 95th percentile 100%). The PCI composite measure was tested using data from the CathPCI Registry between July 2009 and June 2010, including 1,168 facilities and 586,975 patient records. Median performance was 87% (5th percentile 65%, 95th percentile 97%). In the case of both measures, the results did not differ significantly by safety net status, proportion of white patients within an institution, gender or age.

Conclusions: These composite measures from the NCDR identify important gaps in quality. With the recent endorsement from the NQF, these measures are well suited for use for both quality improvement activities and for the purposes of accountability.